

Section 12 – BETTING			
(SHOW FLASHCARD 27)			
<div>Statement Q</div> <div>Now I’d like to ask you a few questions about gambling. By gambling I mean playing cards for money, betting on the horses or dogs or sports games, playing the stock or commodities market, buying lottery tickets or playing bingo or KENO or gambling at a casino, including playing the slot machines.</div>			
1. Have you ever gambled at least 5 times in any one year of your life?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Section 13, page 126	
2a. The next few questions are about experiences that people have had with gambling. As I read each experience, please tell me if it has EVER happened to you.  In your ENTIRE LIFE did you EVER . . . (PAUSE)  (Repeat phrase frequently)		b. Did this happen in the last 12 months?	c. Did this happen before 12 months ago, that is, before last (Month one year ago)?
(1) Gamble to get out of a bad mood -- like feeling nervous, sad or down?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark Yes in column c	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Gamble to forget your problems?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark Yes in column c	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) More than once try to quit or cut down on your gambling, but found you couldn’t do it?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark Yes in column c	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Find that you had to increase the amount of money you would gamble to keep it exciting?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark Yes in column c	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) Spend a lot of time gambling, planning your bets or studying the odds?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark Yes in column c	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Spend a lot of time thinking about ways to get money together so you could gamble?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark Yes in column c	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7) Spend a lot of time thinking about the times when you won or lost?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark Yes in column c	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8) Have job or school trouble because of your gambling -- like missing too much work, being demoted at work, losing your job or dropping out of school?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark Yes in column c	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8a) Break up or come close to breaking up with anyone who was important to you because of your gambling?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark Yes in column c	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9) Try to keep your family or friends from knowing how much you gambled?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark Yes in column c	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(10) Have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends or welfare?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark Yes in column c	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(11) Find that you became restless, irritable or anxious when trying to quit or cut down on your gambling?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to next experience, page 124	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark Yes in column c	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Section 12 -BETTING (Continued)			
2a. In your ENTIRE LIFE did you EVER . . . (PAUSE)  (Repeat phrase frequently)		b. Did this happen in the last 12 months?	c. Did this happen before 12 months ago, that is, before last (Month one year ago)?
(12) Raise gambling money by writing a bad check, signing someone else’s name to a check, stealing, cashing someone else’s check or in some other illegal way?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark Yes in column c	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(13) Find you had to gamble again as soon as possible after LOSING in order to win back your losses?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark Yes in column c	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(14) Find you had to gamble again as soon as possible after WINNING in order to win more?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to Check Item 12.1	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark Yes in column c	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 12.1	Are at least 5 Boxes marked in 2, column c, pages 123 - 124?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item 12.4	
3a. You just mentioned some experiences with gambling that happened in the past, that is, before 12 months ago.  Before last (Month one year ago), was there EVER a period when SOME of these experiences were happening around the same time most days FOR AT LEAST A MONTH?		1 <input type="checkbox"/> Yes - SKIP to 3d 2 <input type="checkbox"/> No	
b. Before last (Month one year ago), was there EVER a period when SOME of these experiences were happening around the same time ON AND OFF FOR A FEW MONTHS OR LONGER?		1 <input type="checkbox"/> Yes - SKIP to 3d 2 <input type="checkbox"/> No	
c. Before last (Month one year ago), was there EVER a time when SOME of these experiences happened within the same 1-year period?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item 12.4	
d. About how old were you the FIRST time SOME of these experiences BEGAN to happen around the same time?		_____ Age	
e. In your ENTIRE LIFE, how many separate periods like this did you have when some of these experiences with gambling were happening around the same time?  By separate periods I mean times that were separated by at least 1 year when you stopped gambling completely OR you didn’t have any of the experiences you mentioned with gambling at all.		_____ Number	
CHECK ITEM 12.2	Is number marked in 3e, 2 or more or unknown?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3h	
3f. What was the LONGEST period you had when SOME of these experiences were happening around the same time?		_____ Month(s) OR _____ Years(s)	
g. How old were you the MOST RECENT time SOME of these experiences BEGAN to happen around the same time?		_____ Age - SKIP to Check Item 12.3	
h. How long did this period last when SOME of these experiences were happening around the same time?		_____ Month(s) OR _____ Years(s)	
CHECK ITEM 12.3	Is at least 1 item marked in 2, column b, pages 123 - 124?	1 <input type="checkbox"/> Yes - SKIP to 4, page 125 2 <input type="checkbox"/> No	
3i. About how old were you when you FINALLY STOPPED gambling OR stopped having any of these experiences? By finally STOPPED I mean they never started again.		_____ Age	

Section 12 - BETTING (Continued)		
<div>(SHOW FLASHCARD 27)</div> <div>4. Before 12 months ago, what kind or kinds of gambling were you doing when you had some of these experiences you mentioned with gambling?</div> <div>Mark(X) all that apply.</div>		<div>CASINO</div> <div>1 <input type="checkbox"/> Card games</div> <div>2 <input type="checkbox"/> Dice games</div> <div>3 <input type="checkbox"/> Roulette</div> <div>4 <input type="checkbox"/> Slot or video machines</div> <div>5 <input type="checkbox"/> Other casino gambling</div> <div>NON-CASINO</div> <div>6 <input type="checkbox"/> Bingo or KENO</div> <div>7 <input type="checkbox"/> Dice games</div> <div>8 <input type="checkbox"/> Dog races or fights</div> <div>9 <input type="checkbox"/> Card games</div> <div>10 <input type="checkbox"/> Games of skill</div> <div>11 <input type="checkbox"/> Horse races</div> <div>12 <input type="checkbox"/> Lottery or numbers</div> <div>13 <input type="checkbox"/> Sports games</div> <div>14 <input type="checkbox"/> Stock/commodities market</div> <div>15 <input type="checkbox"/> Other gambling outside casino</div>
CHECK ITEM 12.4	Are at least 5 Boxes marked in 2, column b, pages 123 - 124?	<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No - SKIP to Check Item 12.4A</div>
<div>(SHOW FLASHCARD 27)</div> <div>5. During the last 12 months, what kind or kinds of gambling were you doing when you had some of these experiences you mentioned with gambling?</div> <div>Mark(X) all that apply.</div>		<div>CASINO</div> <div>1 <input type="checkbox"/> Card games</div> <div>2 <input type="checkbox"/> Dice games</div> <div>3 <input type="checkbox"/> Roulette</div> <div>4 <input type="checkbox"/> Slot or video machines</div> <div>5 <input type="checkbox"/> Other casino gambling</div> <div>NON-CASINO</div> <div>6 <input type="checkbox"/> Bingo or KENO</div> <div>7 <input type="checkbox"/> Dice games</div> <div>8 <input type="checkbox"/> Dog races or fights</div> <div>9 <input type="checkbox"/> Card games</div> <div>10 <input type="checkbox"/> Games of skill</div> <div>11 <input type="checkbox"/> Horse races</div> <div>12 <input type="checkbox"/> Lottery or numbers</div> <div>13 <input type="checkbox"/> Sports games</div> <div>14 <input type="checkbox"/> Stock/commodities market</div> <div>15 <input type="checkbox"/> Other gambling outside casino</div>
CHECK ITEM 12.4A	Are at least 5 Boxes marked in 2, column b OR are at least 5 Boxes marked in 2, column c?	<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No - SKIP to Section 13, page 126</div>
6a. Have you EVER gone to Gamblers Anonymous?		<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No - SKIP to 7a</div>
b. Did you go to Gamblers Anonymous in the last 12 months?		<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No - SKIP to 7a</div>
c. Did you go to Gamblers Anonymous before 12 months ago, that is, before last (Month one year ago)?		<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>
7a. Did you EVER go to any kind of counselor, therapist, doctor, psychologist or any other person like that for help with your gambling?		<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No - SKIP to Check Item 12.5</div>
b. Did you go to any doctor or other health professional in the last 12 months?		<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No - SKIP to Check Item 12.5</div>
c. Did you go to any doctor or other health professional before 12 months ago, that is, before last (Month one year ago)?		<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>
CHECK ITEM 12.5	Is Check Item 5.3, Section 5, page 77 marked “Yes”?	<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No - SKIP to Section 13, page 126</div>
Did respondent have a period of high mood?		
8a. Did ANY of those times when you gambled happen during a period when you felt extremely excited, elated or hyper or extremely irritable or easily annoyed?		<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No - SKIP to Section 13, page 126</div>
b. Did ALL of the times when you gambled ONLY happen during periods when you felt extremely excited, elated or hyper or extremely irritable or easily annoyed?		<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>Go to Section 13, page 126</div>